

**Allen D. Nease High School**  
**On Campus Internship &**  
**Volunteer Public Service**

Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Internship Class Periods: \_\_\_\_\_

Assigned Supervising Teacher: \_\_\_\_\_

***\*To be filled out by the supervising teacher:***

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**Please circle the student's performance and attendance in class this month:**

<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
90-100	80-89	70-79	60-69	59 or below

**Comments/Concerns/Accolades:**

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Supervising Teacher Name: \_\_\_\_\_

Supervising Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***\*Students, please submit this to Mrs. Combs last Wednesday of each month.***

***\*Teachers, if you have any questions or concerns regarding your intern, please email me.***

***Questions, comments, concerns: Please contact Jaime Combs, Career Academy Coordinator, at 904.547.8306 or email at [Jaime.combs@stjohns.k12.fl.us](mailto:Jaime.combs@stjohns.k12.fl.us)***